



SKATE-A-THON PLEDGE FORM – Saturday, December 28, 2024 ~ 2 – 3:30 pm



Participant First & Last Name (please print)

EMAIL ADDRESS

Mobile Number

MAILING ADDRESS – please include post office box number (if relevant) and postal code

PLEDGER First & Last Name	ADDRESS (include P.O. box, civic address, RR # & postal code)	Phone	Pledge/Lap	Flat Donation	Total Collected

Please make cheques payable to: **The Bridge Hospice Foundation** • Tax receipts issued for donations of \$20 or more with complete contact information. Registered Charitable Org No. #747674331RR0001.

TOTAL:

Waiver / Release – please read carefully. In volunteering to participate in the 2024 Skate-a-thon in support of The Bridge Hospice, I hereby agree that this activity shall be of my own risk against all casualties to myself or my property. I take all risks of any kind no matter how caused, and hereby release and discharge The Bridge Hospice, sponsors, officials, organizers and any person involved in the Skate-a-thon and indemnify them of and from all actions, claims, demands of every nature and kind. I shall permit free use of my name and picture in publicity concerning the event. I am physically fit to participate in the event. I have read and fully understand and agree with the contents of this waiver/release prior to participation in the Skate-a-thon.

*I agree to receive occasional email from The Bridge Hospice.
(You may withdraw consent at any time.)

DATE: _____ SIGNATURE: _____
day / month / year *If participant is under 18, parent or guardian must sign.*